

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10716191</div>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							41				
2							42				
3							43				
4							44				
5							45				
6							46				
7							47				
8							48				
9							49				
10							50				
11							51				
12							52				
13							53				
14							54				
15							55				
16							56				
17							57				
18							58				
19							59				
20							60				
21							61				
22							62				
23							63				
24							64				
25							65				
26							66				
27							67				
28							68				
29							69				
30							70				
31							71				
32							72				
33							73				
34							74				
35							75				
36							76				
37							77				
38							78				
39							79				
40							80				
41							81				
42							82				
43							83				
44							84				
45							85				
46							86				
47							87				
48							88				
49							89				
50							90				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				